

MEDICAL CERTIFICATE

(May be obtained on this form or on prescription letterhead from any registered allopathic doctor)

I have personally examined Mr. / Ms. / Mrs. _____ son / daughter of
Mr. / Ms. / Mrs. _____ with date of birth _____
and having permanent residential address at _____

who is a prospective candidate for admission into undergraduate MEDICAL course and observed as follows:

1. Personal identification mark (if any)
2. Apparent age years 3. General Physique
4. Height cm 5. Weight kg 6. Pulse bpm 7. BP (sitting)..... mmHg
8. Chest measurements: a) Relaxed cm b) Full inspiration cm c) Full expiration..... cm
9. Visual acuity: Right eye Left eye 10. Color vision
- (exact acuity optional; mention if glasses /
 lenses are being used to correct refractive errors)
11. Immunization status: a) Tetanus vaccination Adequate Inadequate Uncertain
 b) Hepatitis B vaccination Adequate Inadequate Uncertain
 c) Typhoid vaccination Adequate Inadequate Uncertain
 d) COVID-19 Vaccination 1st Dose 2nd Dose Precautionary Dose
12. Blood group 13. Known drug allergies
14. History of major or significant medical / surgical / gynecological / psychiatric illness
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15. Condition of heart
16. Condition of lungs
17. State of abdominal viscera
18. Any other findings

After examination, I do hereby certify that this subject (strike out whichever is NOT applicable):

- Has no significant physical / mental illness or disability that may preclude him / her from pursuing basic medical course and is therefore FIT to join the course.
- Has / may have significant physical / mental illness or disability that requires further assessment to determine suitability for joining basic medical course

**Signature with Registration No.,
Date and Seal of Medical Practitioner**